Dr. Andy Higgins
breast surgeon
SPECIAL CARE IS OUR PRACTICE.

Review of Systems: Please check all the symptoms that apply for the past 3-6 months.

Constitutional:
- Loss of appetite
- Chills
- Fever
- Weight gain
- Weight loss
- Night sweats

Ophthalmologic:
- Loss of vision
- Double vision

Ears, Nose & Throat:
- Nosebleed
- Snoring
- Postnasal drip
- Hearing loss
- Voice changes

Cardiac:
- Chest pain with activity
- Leg swelling
- Shortness of breath while sleeping
- Shortness of breath with activity
- Chest pain
- Palpitations

Respiratory:
- Chest pain with breathing
- Shortness of breath
- Cough
- Wheezing

Musculoskeletal:
- Joint pain
- Muscle pain
- Bone pain
- Joint swelling

Gastrointestinal:
- Blood in stool
- Change in bowel habits
- Difficulty swallowing
- Abdominal pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Gas and bloating
- Jaundice
- Heartburn
- Belching
- Stool incontinence

Urologic:
- Difficulty urinating
- Blood in urine
- Urinary urgency
- Painful urination
- Frequent urination
- Recurrent urinary tract infections

Breast:
- Breast lump
- Nipple Discharge
- Nipple inversion
- Mammogram

Female Reproductive:
- Sexually active
- Regular periods LMP_____
- Irregular periods
- Hot flashes
- Decrease sex drive
- Painful intercourse
- Mood disturbances

Male Reproductive:
- Difficulty with erection
- Decrease sex drive

Dermatologic:
- Significant sun exposure/sun burns
- Change in moles
- New skin lesions

Neurologic:
- New headaches
- Weakness on one side
- Seizures

Psychological:
- Emotional abuse
- High stress level
- Physical abuse
- Sexual abuse
- Sleep disturbances
- Are you a worrier
- Depression
- Do you feel anxious

Endocrine:
- Fatigue
- Heat intolerance
- Racing heart
- Cold intolerance

Allergy:
- Sinus congestion
- Stuffy nose
- Itchy eyes
- Runny nose
- Scratchy throat

Hematologic\Lymphatic:
- Blood clots
- Excessive bleeding
- Hepatitis exposure
- HIV risk\exposure
- MRSA infections
- Recent antibiotics
- anemia
- Swollen glands

Patient name:_____DOB:_____

Today's date:_____